

THERAPEUTICS.

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UNDER THE CHARGE OF

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Treatment of Tuberculosis by Climate.—DR. C. THEODORE WILLIAMS opened the discussion on this subject at the recent British Congress on Tuberculosis. The main points at issue are: (1) What influence has climate on the treatment of tuberculosis? and (2) how far can cases be grouped for treatment in certain climates? Both of these questions he discussed very fully. The belief that has existed in all ages that the disease is curable by climate is, he thinks, justified by the results of such treatment. Under what climatic conditions, he asks, is arrest of the disease most common? What are the real causes of such improvement, and how can they be successfully brought into play? In all climatic treatment, of course, care must be taken to bring the patient fully under the influence of the atmosphere, and to ensure a strictly open-air life by day and by night, with complete hygienic and sanitary surroundings, whether in a sanitarium or elsewhere. But all climates favoring an open-air life are not necessarily suitable for the treatment of consumption; tropical lands must be excluded, because there the appetite is diminished, the nervous and muscular energy depressed, excessive action from the skin induced, and requisite exercise prevented. Bacillary increase is probably also favored. Very moist climates and those in which the sun is often obscured by mist and fog, even though mild, are undesirable, as sunshine is of the greatest importance to the consumptive. The climate which best fulfils the conditions for open-air treatment need not be a very warm nor a very cold one, but should be dry and stimulating, with abundant sunshine, admitting of much exercise and producing nervous and muscular vigor. Climates, he said, must first be classified before they are described, and though it would be possible to arrange them scientifically on the basis of meteorology, as attempted in the Lumleian lectures before the College of Physicians, for the purposes of this discussion a few practical groups will be preferable. These are (1) marine climates; (2) dry, warm climates, partly inland and partly marine; (3) mountain climates. Marine climates include (a) the British and Irish seacoast resorts; (b) the warm marine climates of Madeira, Teneriffe, and the West Indies; (c) sea voyages. Dry, warm climates, the desert climates, and those of the Mediterranean basin, differing in many particulars, but both characterized by warmth and dryness. Mountain climates, characterized by the influence of diminished barometric pressure. The climates discussed were those more easily reached from England. He

spoke particularly in praise of extended sea voyages, especially voyages to Australia and New Zealand and around the Cape of Good Hope in clipper ships. They are most beneficial (1) in cases of hemorrhagic phthisis where large hemorrhage accompanies small areas of tuberculization; (2) in scrofulous or strumous phthisis, where lung disease is accompanied by strumous gland or joint affections; (3) in cases of chronic cavity, where the tuberculous disease is unilateral and quiescent. To ensure the success of a sea voyage the patient must be certain of (1) good and abundant food; (2) proper cabin ventilation; also (3) that the cruise be principally in temperate climes and not in tropical. Of the dry, warm climes the Egyptian desert is highly recommended. With reference to the Riviera, the cases which do best are (1) phthisis in which inflammatory processes have played a large part in predisposing to the disease; (2) strumous phthisis; (3) laryngeal phthisis; (4) unilateral pulmonary tuberculization rather than bilateral; (5) the large class of consumptives who either from extent of disease or feebleness of circulation, or advancing years, are unable to endure the rarefied atmosphere and cold of the high altitudes. Most of these patients love warmth, and cannot take enough exercise when the thermometer is below zero to maintain it. With reference to mountain climates, his conclusions were as follows: 1. The respiration of the rarefied atmosphere produces hypertrophy of the healthy lung and local pulmonary emphysema around the tuberculous lesions, giving rise in due time to thoracic enlargement. 2. It is possible the arrest of tuberculous disease is at least partly due to the pressure exercised in the tuberculous masses by the increasing bulk of the surrounding lung tissue, which, by emptying the bloodvessels, promotes caseation and cretification of the tubercle. 3. These changes are accompanied by general improvement in digestion and assimilation, the cessation of all symptoms of disease, the return of natural functions, by gain of weight, of color, of nervous and muscular activity, and of respiratory and circulatory power. 4. Arrest of disease takes place in 58 per cent. of the tuberculization cases, and great improvement in 87 per cent. In excavation cases arrest occurs in 21 per cent. and great improvement in 61 per cent. 5. The climate is especially beneficial in hemorrhagic phthisis and phthisis in which hereditary predisposition is strongly marked, and is well suited to chronic tuberculosis of the lungs in general, provided the extent of lung involved is not too large nor the disease accompanied by much fever. 6. Males and females seem to do equally well and to profit most between the ages of twenty and thirty. Males over forty and females under twenty benefit least. 7. The climate is contraindicated in acute phthisis, catarrhal phthisis, in laryngeal phthisis, in cases of phthisis accompanied by great nervous irritability in patients with double cavities, with fibroid phthisis, and in all patients whose pulmonary surface has been so much reduced from any cause that it does not suffice for complete respiratory purposes.—*British Medical Journal*, 1901, No. 2117, p. 198.

Classification of Cases of Tuberculosis and Climatic Treatment—DR. BURNLEY YEO discussed this subject in an able manner. He said that the main objects of treatment in pulmonary tuberculosis are (a) to arrest catarrhal conditions of the air-passages; (b) to improve nervous and circulatory tone; (c) to increase the activity of the digestive functions, and thus stimulate